

Alaska Title V Maternal and Child Health Block Grant
2010 Needs Assessment - Report to Stakeholders
Preliminary Draft, April 19, 2010

The Title V Maternal and Child Health Block Grant under the Social Security Act of 1935 is a Federal-State partnership program to improve the health of mothers and children, including children and youth with special health care needs. In Alaska, the Title V program is managed by the Department of Health and Social Services, Division of Public Health, Section of Women's Children's and Family Health (WCFH). Allocation of Title V funds are based on the state's maternal and child health priorities. These priorities were developed in 2005 following a needs assessment analysis.

Every five years states must conduct an assessment of maternal and child health needs. To obtain stakeholder input, WCFH hosted a World Café conversation on February 19th during which invited guests engaged in collaborative thinking around three questions:

- Think of the women, children and families you we work with or advocate for. How might we improve their health over their entire lifespan?
- Think of maternal and child health populations in Alaska that experience health inequities. What can we do so that these populations have an equal chance at attaining good health?
- How might we work together to make the most of our resources, to promote a healthier maternal and child population in Alaska?

Groups of 3-4 people considered these questions and wrote comments on paper tablecloths. After the third round of questions, the groups convened to distill common themes which were recorded on a large mural. At the end of the meeting, each participant voted on their priorities by placing up to 10 stickers on the mural next to a theme. Stickers could be allocated to any theme in any number. Table 1 is the list of the top 15 prorities.

Table 1. Sticker Vote - Top 15 Vote Getters

Priority	# votes
Integration: integrate planning, services and finances	17
Capacity: Follow the example of The Children's Village in Yakima to create a one-stop community based health care facility	17
Wellness: change community norms (positive sexuality, healthy relationships)	16
Capacity: integrate planning, services and finances (so no matter at what point an individual enters the health care system.....	16
Wellness: Support community-driven planning & advocacy around wellness	15
Wellness: make healthy choices the easy choice	12
Family focus: change mindsets and way of thinking of policy makers of families	12
Capacity: use non-traditional locations for services & outreach	12

Family focus: Build protective factors	11
Communication: use new & old technologies to reach audiences: storytelling, education programs & clinics in schools	11
Wellness: health education in middle & high school	10
Capacity: collaborate between service providers	10
Wellness: universal screening for maternal depression, drug use	9
Communication: between systems and services so that people know about them. Put these services in communities and understand the influence of media	9
Family focus: Recognize the social support in the person's life	8

Summation of Major Themes From the Café Conversation

Four major themes were expressed during the café conversation.

- 1) Center the focus of wellness and health care around the family. Change the way and where we deliver health education and programs. Build programs and services aimed at the entire family, including non-traditional families. Provide these services where the families are, at the community level, and using non-traditional delivery of messages as old as storytelling and as new as social media on the internet. Ensure the families have a voice in planning. One example of a system that embodies these ideas is the Yakima Children's Village which is a one-stop regional health care facility offering services through collaborations of many agencies. Broaden definitions to include emotional health, education and cultural values.
- 2) Collaboration and coordination are very important. Reduce silos in programs and integrate planning, services, and finances. Support community-driven planning & advocacy around wellness, and change community norms. Use tools such as navigators, mentors, home visitation programs to improve families' access to health care, and think of ways to improve utilization of the family's social support systems.
- 3) Focus on wellness by changing community norms such as promoting positive sexuality and healthy relationships.
- 4) Specific topics or programs mentioned were universal screening for maternal depression, drug use, prevention of violence and abuse, ending epidemics, transition services for incarcerated women, healthy relationships, mentoring, breast feeding, Families First, Head Start as a model, Yakima Children's Village as a model.

Developing Priorities

The Needs Assessment Leadership Committee, composed of 10 WCFH program managers and the WCFH Section Chief, met over two months to develop priorities. The themes from the café conversation were primarily process oriented as opposed to program oriented. The Committee decided to use the current priorities as a starting point. The following criteria were used to develop new priorities or reconfirm current priorities:

1. Clinical Severity - mortality, years of potential life lost, long term effects, etc.
2. Urgency - comparison to U.S. baseline, and trends
3. Disparities

4. Economic loss
5. Intervention Effectiveness
6. Capacity - within scope of WCFH; community acceptability; legality; availability of state resources
7. Encompasses the life course
8. Known to be protective
9. Identified as a risk factor in Alaska studies

For the priorities, the Committee developed a list of more than 70 potential performance indicators. Ten were selected.

Title V Priorities for 2010 - 2015 (preliminary draft)

The draft priorities are listed in this section, in no particular order.

Priority #1. Reduce substance abuse among families, including alcohol, tobacco and drugs.

Performance measure: Percent of women (who delivered a live birth) who had one or more alcoholic drinks in an average week during the last 3 months of pregnancy.

Data source: PRAMS, Q 36a

Performance measure: Percent of students who smoked cigarettes on 20 or more days during the 30 days before the survey

Data source: Youth Risk Behavioral Surveillance Study (YRBSS)

Discussion: This priority continues from 2005, slightly reworded to acknowledge other drugs. Prenatal marijuana use was higher than alcohol use in the last 3 months of pregnancy among Alaska Native women.

Prenatal cigarette smoking is the strongest known risk factor for low birthweight births, accounting for 20 - 30% of all low birthweight births in the U.S. In 2008 14.2% of adult Alaskan women reported smoking everyday and an additional 5% reported smoking some days. Smoking among youth is of particular concern due to the potential for a lifetime addiction, and can be a precursor to addictive behavior.

Prenatal smoking (smoking in the last 3 months of pregnancy) is a national performance measure.

Priority #2. Reduce intimate partner violence (IPV) including teen dating violence.

Performance measure: Percent of students who were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey.

Data source: YRBSS

Performance measure: Prevalence of intimate partner violence before, during or after pregnancy, among women who recently delivered a live birth.

Data source: PRAMS

Discussion: This is a continuation of the 2005 priority on reducing the rate of domestic violence. It has been reworded to incorporate new terminology and to acknowledge that violence and unhealthy relationships can begin in adolescence. Teen dating violence is becoming an issue.

Significant gaps in knowledge and data about intimate partner violence exist. According to a national survey conducted in 1995 by the National Institute of Justice and the Centers for Disease Control and Prevention, 52% of surveyed women said they were physically assaulted as a child or as an adult. Eighteen percent of the women surveyed said they had been the victim of a completed or attempted rape at some time in their life. Of those, more than half were younger than 18 years at the time of the attempted or completed rape. Violence against women is predominantly intimate partner violence. National studies indicate that Native American and Alaska Native women are more than 2.5 times more likely to be raped or sexually assaulted than women in other women in the U.S.

Adverse childhood events, such as experiencing violence in the family, affects the health of the individual throughout their life.

Priority #3. Reduce child maltreatment and bullying.

Performance measure: Rate of child maltreatment, ages 0 – 18.

Data source: Alaska Surveillance of Child Abuse and Neglect (SCAN)

Discussion: Child maltreatment continues to be a major issue in Alaska, therefore this priority remains for the next five year planning period. Maltreatment includes abuse and neglect. We will use the SCAN program's definition of neglect. It includes situations where maltreatment may not have been the proximate cause of morbidity or fatality, but was a contributing factor or underlying cause. It is a wider, more encompassing definition and a more accurate reflection of family disruption.

Bullying was included because it is an important issue but at this time there are no measures of bullying in the elementary school grades.

Priority # 4. Collaborate with families to work toward a system of integrated services for families with infants, children, and teens, and especially those with special health care needs..

Performance measure: None.

Data source: n/a

Discussion: This is a new priority. Collaboration among agencies, integration of services, and improving services to families was a very strong theme elucidated by our stakeholders. We acknowledge that there are many ways policies, regulations, guidelines and operating procedures of public agencies can help or hinder service delivery. We, along with our stakeholders, sincerely desire to put the customers first.

One example of improving collaboration is the Alaska Early Comprehensive Childhood Systems (ECCS) Plan developed by the Office of Children's Services. The goal is to deliver integrated services in the areas of medical homes; social, emotional and mental health; early care and learning; and family support. Integration means creating agency partnerships to leverage resources and improve effectiveness; breaking down silo effects to enable multifaceted approaches; and viewing the early childhood stage as part of a lifespan continuum. This model of program delivery could be extended to the adolescent health arena.

Improving processes are best reported with qualitative data.

Priority # 5. Reduce the risks associated with unintended pregnancy and teen pregnancy.

Performance measure: % of women who recently delivered a live birth and are not doing anything now to keep from getting pregnant.

Data source: Pregnancy Risk Assessment Monitoring System (PRAMS), Q 61

Discussion: In adopting the life course perspective, we extend our view of the individual by considering the health of the fetus. Unplanned pregnancy is associated with health behaviors during pregnancy, such as smoking and drinking, that can impose adverse effects. Unplanned pregnancy is also associated with increased risk of morbidity for women. Teen pregnancy is associated with adverse outcomes to both infant and mother.

Rates of teen pregnancy, 15-17 years of age, is a national performance measure.

Priority # 6. Reduce dental caries in children 0 - 21 years of age.

Performance measure: Prevalence of self-reported tooth decay in 3-year olds.

Data source: CUBS

Discussion: This is a continuation of the 2005 priority but with a focus on the outcome of reduced dental caries as opposed to access to dental services which is difficult to measure. Dental caries, or tooth decay, is the most prevalent chronic disease of childhood. Among children, oral disease and oral pain have been associated with speech problems, difficulty eating, sleep problems, poor school performance and reduced self esteem. The current recommendation for the first dental visit is at eruption of the first tooth or no later than age 1. However, there is a severe shortage of pediatric dentists in the state. Denali KidCare/Medicaid enrolled children have serious difficulties accessing dental services.

Dental caries experience in kindergarten children is a better indicator of oral health but the availability of this measure, from the Oral Health Survey, is dependent upon funding. A related national measure is HSCI #7b (% of EPSDT eligible children ages 6-9 receiving any dental health service during the year)

Priority # 7. Strengthen quality school-based health care and health promotion.

Performance measure: None.

Data source: n/a

Discussion: This is a new priority. It complements the life course perspective and the principles expressed under priority #4 - using multifaceted approaches to foster health. For several decades, recognition of the link between health and learning has steadily increased with greater understanding that a child must be healthy to learn and learn to be healthy. There is also greater recognition that school health service programs are in a unique position to improve child health status, resilience and well-being, provide care essential to the student's school attendance, and identify and refer students with certain health risks and conditions. These activities ultimately support the student's ability to learn and contribute to both the school and the community state of health. Belief in every student's right to school health services and access to assessments by a professional school nurse is tantamount to the quality of school health care deserved by every child. The School Health/School Nursing Program is a new program in the Section of Women's, Children's, and Family Health.

There are two school health related surveys. The Alaska School Health Profile, which surveys principals and lead health education teachers in secondary schools, is conducted every two years. The U.S. School Health Policies and Programs Study (SHPPS), which includes elementary schools, is conducted every six years. Both are good sources of information. However, we will choose a performance measure at a later date when our School Health/School Nursing Programming is further along in the planning process.

Priority # 8. Reduce preventable post-neonatal mortality due to SIDS/asphyxia.

Performance measure: Percent of mothers who recently delivered a live birth and who reported having environmental factors in the home associated with SIDS/unexplained asphyxia.

(Environmental factors include laying baby down to sleep on side or stomach; baby sleeps with pillows, plush toys, etc; smoking allowed in home; co-slept)

Data source: Maternal Infant Mortality Review (MIMR)

Discussion: This is a continuation of a 2005 priority, but with an emphasis on the top preventable cause of death category, and using MIMR data. The data showed a low percentage of agreement between the MIMR Committee's cause of death determination and that listed on the death certificate in certain categories of causes of death. Analysis of the MIMR data gave WCFH the impetus to develop a Safe Sleep Initiative in 2008. National outcome measure #4 is postneonatal mortality rate per 1,000 live births.

Priority # 9. Support communities to increase family and youth resiliency.

Performance measure: Percent of youths surveyed who agreed or strongly agreed that in their community they feel like they matter to people.

Data source: YRBSS

Discussion: This is a new priority. It is one model that could implement stakeholders' desire to engage the family and the community in culturally appropriate ways. The youth development approach focuses on young people's capacities, strengths and developmental needs and not solely on their problems, risks or risky behaviors. Supports, services and opportunities are offered across multiple domains including: cognitive, physical, vocational, and social/emotional development; personal resilience; environmental and personal risk factors; and civic engagement. Since youth development occurs in a family and community context, collaboration between diverse sectors (for example, school and business partnerships) is needed.

Priority # 10. Reduce the prevalence of obesity and overweight throughout the lifespan.

Performance measure: Percent of mothers surveyed whose toddler was overweight

Data source: CUBS (Q 10 + 11)

Discussion: This is a continuation of a 2005 priority. Although the performance measure focuses on young children, we recognize the importance of attaining appropriate weight throughout the entire life course and especially prior to pregnancy. There are many nutrition and physical activity indicators from existing state surveillance programs that give additional information. National performance measure # 14 measures the percent of children 2-4 years of age receiving WIC services with a BMI at or above the 95th percentile.

Priority # 11. Increase universal screening for post partum depression in women.

Performance measure: Percent of women who delivered a live birth and had a provider talk to them about post partum depression since their new baby was born.

Data source: PRAMS, Q 74d

Discussion: This is a continuation of a 2005 priority. That priority emphasized increasing awareness of mental health issues in the MCH population, the new priority focuses on increasing screening. Other MCH populations are served by programs managed by the Division of Behavioral Health.

Priority # 12. Implement standardized screening for developmental delay and behavioral health in children 0 - 21 years.

Performance measure: Percent of children enrolled in Medicaid receiving EPSDT screening

Data source: Medicaid, CMS 416 rpt

Discussion: This is a new priority. It supports one focus area of the Early Childhood Comprehensive Systems program, Mental Health and Social Emotional Development. The priority reflects our concern for ensuring children are ready to learn. Issues around implementation include the current lack of standardized screening tools and consistency in use among providers. Therefore, for the time being, this performance measure will not be included in our list of ten. There are two related national block grant measures: HSCI #2 (% of Medicaid enrollees whose age is less than one year who received at least one initial or periodic screen).

Priority # 13. Develop capacity to help families navigate the health care system.

Performance measure: None

Data source: n/a

Discussion: This new priority embraces one of the themes voiced by MCH stakeholders, to improve coordinated services to families. An example receiving enthusiastic support was the Yakima Children's Village, a very successful one-stop health care facility. Alaska is not prepared to develop such a facility at this time, one alternative is to support an active parent navigation service. Navigation assistance is particularly important to families experiencing complex health and development issues, including children and youth with special health care needs. Progress on this priority will be reported through qualitative data in the block grant narratives.

Priority # 14. Acknowledge the importance of men in MCH programs.

Performance measure: None

Data source: n/a

Discussion: This new priority. It reaffirms the continued emphasis on centering health around the family. We will develop ideas over the upcoming five year planning period on how to incorporate this priority in MCH programs.

Priority # 15. Reduce late preterm cesarean sections

Performance measure: Number of births delivered at 34 - 36 completed weeks of gestation per 100 total births.

Data source: BVS

Discussion: Similar to national trends, the proportion of preterm births in Alaska is increasing, primarily due to an increase in medical intervention preterm births. Among Alaska Natives and non-Natives, the proportion of medical intervention preterm births increased by 196% and 124%, respectively, during 1989-2006. Among Alaska Natives, this increase was met with a concurrent decrease in spontaneous preterm births. This may indicate that high risk Alaska Native births are being better monitored. The needs of mothers and infants for medically indicated preterm delivery must be balanced against the known risks associated with preterm birth.

State Performance Measures (preliminary draft)

A maximum of ten state performance measures may be selected for the annual Title V Block Grant. Other indicators are routinely collected and used in program design, assessment and evaluation.

The ten selected performance measures (preliminary draft) are:

1. Percent of women (who delivered a live birth) who had one or more alcoholic drinks in an average week during the last 3 months of pregnancy.
2. Percent of students who smoked cigarettes on 20 or more days during the 30 days before the survey
3. Percent of students who were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey.
4. Prevalence of intimate partner violence before, during or after pregnancy, among women who recently delivered a live birth.
5. Rate of child maltreatment, ages 0 – 18.
6. Percent of women who recently delivered a live birth and are not doing anything now to keep from getting pregnant.
7. Percent of mothers who recently delivered a live birth and who reported having environmental factors in the home associated with SIDS/unexplained asphyxia. (Environmental factors include laying baby down to sleep on side or stomach; baby sleeps with pillows, plush toys, etc; smoking allowed in home; co-slept)
8. Percent of mothers surveyed whose toddler was overweight
9. Percent of women who delivered a live birth and had a provider talk to them about post partum depression since their new baby was born
10. Percent of births delivered at 34 - 36 completed weeks of gestation.

Respectfully submitted by:

Yvonne Goldsmith
AK Dept. of Health and Social Services, Division of Public Health
Section of Women's, Children's and Family Health
3601 C Street, Suite 310, Anchorage, AK 99524
907-269-0344
yvonne.goldsmith@alaska.gov